

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election

Name of Committee Friends of Doug Wright

Address 265 CR 263 Saltillo, MS 38866

Telephone 662-680-3148

Fax 662-680-5703

Treasurer Grant Fox

Email grant@grantfox.com



☐ Check here if above is different from previous report

TYPE OF REPORT

- ☒ **January 4, 2011 Pre-Election Report** (January 1, ²⁰¹⁰~~2011~~, through January 1, 2011)..... **Mandatory**
- ☐ **January 25, 2011 Pre-Election Report** (January 2, 2011 through January 22, 2011)..... **Runoff Candidates only**
- ☐ **January 31, 2011 Annual Report** (January 1, 2011 through December 31, 2011)..... **Mandatory**
- ☐ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =				This Period		Calendar Year-To-Date	
Total amount of contributions	\$	149,024	13	\$	5,524	.00	\$	154,548.18
Total amount of disbursements	\$	140,060	71	\$	1,233	.50	\$	141,294.41
Total amount of cash on hand	\$			\$				13,253.77

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

1/4/2010

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-570-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Friends of Doug WrightReporting period Jan 1 2010 through Jan 1 2011

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gamma Health Care</u>		<u>12</u> / <u>31</u> / <u>2010</u>	\$ <u>250</u>
Mailing Address <u>1717 West Maud Street</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Poplar Bluff MO 63901</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Express Employment Services</u>		<u>12</u> / <u>6</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>709 Robert E. Lee Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38801</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Apex Vending</u>		<u>12</u> / <u>13</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>1011 Belledeer Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jeff Houin</u>		<u>12</u> / <u>31</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>4830 Acorn Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Belden MS 38826</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Dermatology Center of N. MS</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Physician</u>		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Friends of Doug WrightReporting period Jan 1 2010 through Jan 1 2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Johnnie Walters</u>		<u>11</u> / <u>22</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 8564</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Moss Point MS 39562</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Plaza Living Center</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Administrator</u>		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Joann Box</u>		<u>12</u> / <u>6</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>2406 Parkway Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Danvers</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bobby Gaines</u>		<u>12</u> / <u>6</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>2629 Parc Monceau Drive E</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Benton Hilbun</u>		<u>12</u> / <u>6</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>1001 Debeau</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jackie Newell		12 / 6 / 10	\$ 250
Mailing Address 1792 Pecan Grove Drive		___ / ___ / ___	\$
City, State, Zip Code Tupelo MS 38801		___ / ___ / ___	\$
Name of Employer (Required) Tupelo Neurology Clinic		___ / ___ / ___	\$
Occupation (Required) Neurologist		Aggregate year-to-date	\$ 250
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Lucy Hilbun		12 / 8 / 10	\$ 250
Mailing Address 1906 Pheasant Run		___ / ___ / ___	\$
City, State, Zip Code Tupelo MS 38801		___ / ___ / ___	\$
Name of Employer (Required) Homemaker		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tom McDonald		12 / 6 / 10	\$ 250
Mailing Address 171 CR 189		___ / ___ / ___	\$
City, State, Zip Code Tupelo MS 38801		___ / ___ / ___	\$
Name of Employer (Required) Retired		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jennifer Nipper		12 / 9 / 10	\$ 250
Mailing Address 5183 Water Ridge Drive		___ / ___ / ___	\$
City, State, Zip Code Tupelo MS 38801		___ / ___ / ___	\$
Name of Employer (Required) Community Eldercare Services		___ / ___ / ___	\$
Occupation (Required) Finance Executive		Aggregate year-to-date	\$ 250

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bob McCord</u>		<u>12</u> / <u>9</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>2531 Woodgreen Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Belden MS 38828</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>President</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Mccord, Bob Mtm Group Ltd</u>		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Glenda Burk</u>		<u>12</u> / <u>9</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>2200 Country Club Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Dermatology Center of N. Mississippi</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Physician</u>		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Swan Burras</u>		<u>12</u> / <u>9</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>1553 Lakeshire Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Michael Lunceford</u>		<u>12</u> / <u>9</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>2003 Fant Avenue</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>MedInfo Services, LLC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>250</u>

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Doug Wright</u>		<u>12</u> / <u>31</u> / <u>10</u>	\$ <u>8,000</u>
Mailing Address <u>265 CR 263</u>		<u>12</u> / <u>14</u> / <u>10</u>	\$ <u>19,324.18</u>
City, State, Zip Code <u>Saltillo MS 38866</u>		<u>12</u> / <u>2</u> / <u>10</u>	\$ <u>20,000</u>
Name of Employer (Required) <u>Community Eldercare Services</u>		<u>12</u> / <u>21</u> / <u>10</u>	\$ <u>30,000</u>
Occupation (Required) <u>CEO</u>		Aggregate year-to-date	\$ <u>see below</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Doug Wright</u>		<u>12</u> / <u>28</u> / <u>10</u>	\$ <u>30,000</u>
Mailing Address <u>265 CR 263</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Saltillo MS 38866</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Community Eldercare Services</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>CEO</u>		Aggregate year-to-date	\$ <u>107,324.18</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Maxey</u>		<u>12</u> / <u>9</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>2201 Eastover Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Maxey Wann, PLLC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Thomas Kirkland</u>		<u>12</u> / <u>9</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>2010 Petit Bois Street</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Copeland Cook Taylor & Bush</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Friends of Doug WrightReporting period Jan 1 2010 through Jan 1 2011

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Vicki Currie		12 / 13 / 10	\$ 250
Mailing Address 1028 Filgo Road		__ / __ / __	\$
City, State, Zip Code Tupelo MS 38801		__ / __ / __	\$
Name of Employer (Required) Homemaker		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 250
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jeannin McNinch		12 / 13 / 10	\$ 250
Mailing Address 155 Major Circle		__ / __ / __	\$
City, State, Zip Code Saltillo MS 38866		__ / __ / __	\$
Name of Employer (Required) BancorpSouth		__ / __ / __	\$
Occupation (Required) Accountant		Aggregate year-to-date	\$ 250
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robert Lackey		12 / 13 / 10	\$ 250
Mailing Address 2080 Parc Monceau West		__ / __ / __	\$
City, State, Zip Code Tupelo MS 38804		__ / __ / __	\$
Name of Employer (Required) Retired		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 250
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Beth Aycok		12 / 13 / 10	\$ 250
Mailing Address 700 Highland Park Drive		__ / __ / __	\$
City, State, Zip Code Tupelo MS 38801		__ / __ / __	\$
Name of Employer (Required) Astra Zeneca		__ / __ / __	\$
Occupation (Required) Pharm Sales Rep		Aggregate year-to-date	\$ 250

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Darrell Smith</u>		<u>12</u> / <u>13</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>2518 Lakeshire</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>City of Tupelo</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>COO</u>		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Willa Smith</u>		<u>12</u> / <u>13</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>2518 Lakeshire</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Homemaker</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jimmy Hamilton</u>		<u>12</u> / <u>13</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>1932 Allyson Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Surgery Clinic of Tupelo</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Physician</u>		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ronald Young</u>		<u>12</u> / <u>21</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>4963 Pecan Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Belden MS 38826</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>OBGYN Associates</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Physician</u>		Aggregate year-to-date	\$ <u>250</u>

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Teresa Newcomer</u>		<u>12</u> / <u>9</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>2004 Nancy Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Homemaker</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capitol Advocacy Group PAC</u>		<u>12</u> / <u>9</u> / <u>10</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 217</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson MS 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Shirley Adams</u>		<u>12</u> / <u>31</u> / <u>10</u>	\$ <u>300</u>
Mailing Address <u>P.O. Box 3898</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson TN 38303</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Nutrition Services Unlimited</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Director</u>		Aggregate year-to-date	\$ <u>300</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James Freeman</u>		<u>12</u> / <u>9</u> / <u>10</u>	\$ <u>300</u>
Mailing Address <u>6085 Lauren Circle</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38801</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Community Eldercare Services</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>VP of Operations</u>		Aggregate year-to-date	\$ <u>300</u>

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kevin Hitt</u>		<u>12</u> / <u>13</u> / <u>10</u>	\$ <u>300</u>
Mailing Address <u>2071 Deer Run Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Tupelo Anesthesia Group</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Physician</u>		Aggregate year-to-date	\$ <u>300</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Reita Hall</u>		<u>12</u> / <u>21</u> / <u>10</u>	\$ <u>300</u>
Mailing Address <u>1272 Winwood Cove</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38801</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Community Eldercare Services</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>President</u>		Aggregate year-to-date	\$ <u>300</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Staggs Interiors</u>		<u>12</u> / <u>6</u> / <u>10</u>	\$ <u>500</u>
Mailing Address <u>635 Highland Circle</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38801</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert Gaines</u>		<u>11</u> / <u>22</u> / <u>10</u>	\$ <u>500</u>
Mailing Address <u>922 S. Gloster Street</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38801</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>State Farm</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Insurance Agent</u>		Aggregate year-to-date	\$ <u>500</u>

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jane Threldkeld</u>		<u>12</u> / <u>6</u> / <u>10</u>	\$ <u>500.00</u>
Mailing Address <u>754 Debeau</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Retired</u>		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James Cooper</u>		<u>12</u> / <u>6</u> / <u>10</u>	\$ <u>500.00</u>
Mailing Address <u>534 Nita Drive</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Fulton MS 38843</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Tupelo Anesthesia Group</u>		___ / ___ / ___	\$
Occupation (Required) <u>Physician</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Wheeler</u>		<u>12</u> / <u>6</u> / <u>10</u>	\$ <u>500.00</u>
Mailing Address <u>2551 Parc Monceau Drive E</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Mitchell, McNutt & Sims, PA</u>		___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Courtney Richardson</u>		<u>12</u> / <u>6</u> / <u>10</u>	\$ <u>500.00</u>
Mailing Address <u>11088 Channelside Drive</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Gulfport MS 39503</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Homemaker</u>		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Larry Todd</u>		<u>12</u> / <u>9</u> / <u>10</u>	\$ <u>500.00</u>
Mailing Address <u>2206 Country Club Road</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Southern Quality Meats</u>		___ / ___ / ___	\$
Occupation (Required) <u>Executive</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Daniel Steele</u>		<u>12</u> / <u>9</u> / <u>10</u>	\$ <u>500.00</u>
Mailing Address <u>1032 Ridge Park Drive</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>JESCO, Inc.</u>		___ / ___ / ___	\$
Occupation (Required) <u>Construction</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bobby Beebe</u>		<u>12</u> / <u>9</u> / <u>10</u>	\$ <u>500.00</u>
Mailing Address <u>300 Cox Crossing</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Madison MS 39110</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Magnolia Ancillary Services</u>		___ / ___ / ___	\$
Occupation (Required) <u>Secretary</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Martin Lee</u>		<u>12</u> / <u>13</u> / <u>10</u>	\$ <u>500.00</u>
Mailing Address <u>2130 Shoreline Drive</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Nephrology and Hypertension Associates</u>		___ / ___ / ___	\$
Occupation (Required) <u>Nephrologist</u>		Aggregate year-to-date	\$ <u>500.00</u>

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Bill Brawner		12 / 13 / 10	\$ 500.00
Mailing Address 2514 Savery Drive		__ / __ / __	\$
City, State, Zip Code Tupelo MS 38804		__ / __ / __	\$
Name of Employer (Required) Self		__ / __ / __	\$
Occupation (Required) Physician		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Fulton Thompson		12 / 13 / 10	\$ 500.00
Mailing Address 972 Debeau Drive		__ / __ / __	\$
City, State, Zip Code Tupelo MS 38804		__ / __ / __	\$
Name of Employer (Required) North MS Pain Management		__ / __ / __	\$
Occupation (Required) Physician		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Leigh Eldridge		12 / 21 / 10	\$ 500.00
Mailing Address 2632 Primrose Parkway		__ / __ / __	\$
City, State, Zip Code Tupelo MS 38801		__ / __ / __	\$
Name of Employer (Required) Homemaker		__ / __ / __	\$
Occupation (Required) Homemaker		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rebecca Caldwell		12 / 31 / 10	\$ 1,000.00
Mailing Address 108 Cirencester Drive		__ / __ / __	\$
City, State, Zip Code Ridgeland MS 39157		__ / __ / __	\$
Name of Employer (Required) Pine Lake Church		__ / __ / __	\$
Occupation (Required) Secretary		Aggregate year-to-date	\$ 1,000.00

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Donna Witty</u>		<u>11</u> / <u>19</u> / <u>10</u>	\$ <u>1,000.00</u>
Mailing Address <u>88 Huntington Place</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38801</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wayne Washington</u>		<u>11</u> / <u>19</u> / <u>10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 1723</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38802</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Washington Insurance</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Owner, CFO</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Douglas</u>		<u>11</u> / <u>24</u> / <u>10</u>	\$ <u>1,000.00</u>
Mailing Address <u>2653 Timber Creek Lane</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Tupelo Anesthesia Group, PA</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Physician</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Grant Fox</u>		<u>12</u> / <u>6</u> / <u>10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 310</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Brandon MS 39042</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Fox Law Group</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chris Hill</u>		<u>12</u> / <u>6</u> / <u>10</u>	\$ <u>1,000.00</u>
Mailing Address <u>4604 Pine Cone Lane</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Belden MS 38826</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Community Eldercare Services</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>VP Legal Services</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Colin Maloney</u>		<u>12</u> / <u>9</u> / <u>10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 1366</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38802</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Boar's Head Bed and Breakfast</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Eric Holland</u>		<u>12</u> / <u>9</u> / <u>10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 127</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Fulton MS 38843</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Sunshine Health</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>VP</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hugh Parker</u>		<u>12</u> / <u>9</u> / <u>10</u>	\$ <u>1,000.00</u>
Mailing Address <u>120 Canterbury Place</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ridgeland MS 39157</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Horne, LLP</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Executive Partner</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mary Connor Adcock</u>		<u>12</u> / <u>13</u> / <u>10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 414</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Belden MS 38826</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Realtor</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Buck Boatner</u>		<u>12</u> / <u>6</u> / <u>10</u>	\$ <u>2,000.00</u>
Mailing Address <u>P.O. Box 307</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Belden MS 38826</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Rosewood Retirement Home</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>2,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Healthcare Association PAC</u>		<u>12</u> / <u>9</u> / <u>10</u>	\$ <u>5,000.00</u>
Mailing Address <u>1076 Highland Colony Parkway, Suite 125</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ridgeland MS 39157</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>5,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ENPAC</u>		<u>12</u> / <u>9</u> / <u>10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1640</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson MS 39215</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Friends of Doug WrightReporting period Jan 1 2010 through Jan 1 2011**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Nutrition Services Unlimited</u>		<u>12</u> / <u>31</u> / <u>10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 3898</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson TN 38303</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>American HealthTech</u>		<u>12</u> / <u>31</u> / <u>10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 12310</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson MS 39236</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Direct Supply Shipping and Furnishings</u>		<u>11</u> / <u>24</u> / <u>10</u>	\$ <u>1,000.00</u>
Mailing Address <u>6767 N. Industrial Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Milwaukee WI 53223</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Waide & Associates, PA</u>		<u>12</u> / <u>6</u> / <u>10</u>	\$ <u>1,000.00</u>
Mailing Address <u>322 N Spring Street</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Friends of Doug WrightReporting period Jan 1 2010 through Jan 1 2011

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Think Anew</u>		<u>12</u> / <u>6</u> / <u>10</u>	\$ <u>1,000.00</u>
Mailing Address <u>7570 Old Canton Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Madison MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Desoto Co. Animal Clinic</u>		<u>12</u> / <u>13</u> / <u>10</u>	\$ <u>1,000.00</u>
Mailing Address <u>8330 Highway 51 North</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Southaven MS 38671</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Service is Everything, PA</u>		<u>12</u> / <u>13</u> / <u>10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 877</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38802</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Atmos Entergy</u>		<u>12</u> / <u>13</u> / <u>10</u>	\$ <u>1,000.00</u>
Mailing Address <u>5430 LBJ Freeway, Suite 160</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Dallas TX 75240</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lee Caldwell</u>		<u>11</u> / <u>22</u> / <u>10</u>	\$ <u>500</u>
Mailing Address <u>1727 McCullough Blvd.</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Tupelo MS 38801</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>The Cotton Bolt</u>		___ / ___ / ___	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William Armistead</u>		<u>12</u> / <u>1</u> / <u>10</u>	\$ <u>500</u>
Mailing Address <u>184 Hillview Drive</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Mooreville MS 38857</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Self</u>		___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Greg Pirkle</u>		<u>12</u> / <u>1</u> / <u>10</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 1220</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Tupelo MS 38802</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Phelps Dunbar</u>		___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		___ / ___ / ___	\$
Mailing Address _____		___ / ___ / ___	\$
City, State, Zip Code _____		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$

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ITEMIZED DISBURSEMENTS

A. Full name Big Picture Media Group, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1749 North Green Street	12 / 14 / 10	\$ \$770.00
City, State, Zip Code Tupelo, MS 38804	__ / __ / __	\$
Purpose of Disbursement (Optional) Campaign Materials	Aggregate Year-to-date	\$ 770.00
B. Full name Frontier Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 13292	12 / 1 / 10	\$ \$13,167.00
City, State, Zip Code Jackson, MS 39236	12 / 14 / 10	\$ \$8,744.69
Purpose of Disbursement (Optional) Campaign Consulting	Aggregate Year-to-date	\$ see below
C. Full name Frontier Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 13292	12 / 21 / 10	\$ \$4,914.00
City, State, Zip Code Jackson, MS 39236	__ / __ / __	\$
Purpose of Disbursement (Optional) Campaign Consulting	Aggregate Year-to-date	\$ 26,825.69
D. Full name Grayson Robbins	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2097 Applewood Street	12 / 17 / 10	\$ 500.00
City, State, Zip Code Tupelo, MS 38804	__ / __ / __	\$
Purpose of Disbursement (Optional) Campaign Work	Aggregate Year-to-date	\$ 500.00
E. Full name Image Screen Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2111 Highway 15 North	11 / 23 / 10	\$ 1,669.20
City, State, Zip Code Pontotoc MS 38863	12 / 10 / 10	\$ 383.06
Purpose of Disbursement (Optional) Campaign Materials	Aggregate Year-to-date	\$ see below
F. Full name Image Screen Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2111 Highway 15 North	12 / 21 / 10	\$ 2,247.00
City, State, Zip Code Pontotoc MS 38863	12 / 27 / 10	\$ 882.75
Purpose of Disbursement (Optional) Campaign Materials	Aggregate Year-to-date	\$ see below

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ITEMIZED DISBURSEMENTS

A. Full name Image Screen Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2111 Highway 15 North	12 / 29 / 10	\$ 1324.13
City, State, Zip Code Pontotoc MS 38863	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Campaign Materials	Aggregate Year-to-date	\$ 6,506.14
B. Full name Jackson New Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 55914	11 / 29 / 10	\$ 400.00
City, State, Zip Code Jackson MS 39296	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Campaign Materials	Aggregate Year-to-date	\$ 400.00
C. Full name Jerry Ray	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 215 Road 1400	12 / 10 / 10	\$ 500.00
City, State, Zip Code Mooreville, MS 38857	12 / 17 / 10	\$ 500.00
Purpose of Disbursement (Optional) Campaign Work	Aggregate Year-to-date	\$ see below
D. Full name Jerry Ray	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 215 Road 1400	12 / 23 / 10	\$ 500.00
City, State, Zip Code Mooreville, MS 38857	12 / 29 / 10	\$ 500.00
Purpose of Disbursement (Optional) Campaign Work	Aggregate Year-to-date	\$ 2,000.00
E. Full name Judd Wilson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 135 Ridgeview	12 / 17 / 10	\$ 500.00
City, State, Zip Code Tupelo, MS 38801	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Campaign Work	Aggregate Year-to-date	\$ 500.00
F. Full name Lee County Courier	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 303 West Main Street	12 / 6 / 10	\$ 370.87
City, State, Zip Code Tupelo MS 38804	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Campaign Advertising	Aggregate Year-to-date	\$ 370.87

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ITEMIZED DISBURSEMENTS

A. Full name Lisa Browning Photography	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1009 President Avenue	12 / 22 / 10	\$ \$693.50
City, State, Zip Code Tupelo MS 38801	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Campaign Work	Aggregate Year-to-date	\$ 693.50
B. Full name Maggie Clark Media Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 139 Bent Creek Drive	12 / 8 / 10	\$ 16,903.00
City, State, Zip Code Brandon MS 39047	12 / 14 / 10	\$ 19,324.18
Purpose of Disbursement (Optional) Campaign Advertising	Aggregate Year-to-date	\$ see below
C. Full name Maggie Clark Media Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 139 Bent Creek Drive	12 / 21 / 10	\$ 16,818.00
City, State, Zip Code Brandon MS 39047	12 / 28 / 10	\$ 30,957.91
Purpose of Disbursement (Optional) Campaign Advertising	Aggregate Year-to-date	\$ 84,003.09
D. Full name MS Radio Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 410	12 / 28 / 10	\$ 1,200.00
City, State, Zip Code Tupelo MS 38802	12 / 29 / 10	\$ 540.00
Purpose of Disbursement (Optional) Campaign Advertising	Aggregate Year-to-date	\$ 1,740.00
E. Full name Rachel Ethridge	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2844 Traceland Drive	12 / 6 / 10	\$ 2,243.47
City, State, Zip Code Tupelo MS 38803	12 / 21 / 10	\$ 1,420.76
Purpose of Disbursement (Optional) Campaign Expenses	Aggregate Year-to-date	\$ 3,664.23
F. Full name Southern Twists	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 752	12 / 9 / 10	\$ \$5,510.57
City, State, Zip Code Saltillo MS 38866	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Campaign Reception	Aggregate Year-to-date	\$ 5,510.57

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ITEMIZED DISBURSEMENTS

A. Full name Sprint Print	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 North Spring Street	11 / 29 / 10	\$ 2,257.97
City, State, Zip Code Tupelo MS 38804	12 / 8 / 10	\$ 279.92
Purpose of Disbursement (Optional) Campaign Materials	Aggregate Year-to-date	\$ see below
B. Full name Sprint Print	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 North Spring Street	12 / 29 / 10	\$ 538.93
City, State, Zip Code Tupelo MS 38804	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Campaign Materials	Aggregate Year-to-date	\$ 3,076.82
C. Full name Stuart Tirey	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 9869 State Highway 12 W	12 / 10 / 10	\$ 1,000.00
City, State, Zip Code Isola MS 38754	12 / 27 / 10	\$ 1,000.00
Purpose of Disbursement (Optional) Campaign Work	Aggregate Year-to-date	\$ 2,000.00
D. Full name Scott Black	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 131 South Main Street	12 / 10 / 10	\$ 500.00
City, State, Zip Code Pontotoc, MS 38863	12 / 17 / 10	\$ 500.00
Purpose of Disbursement (Optional) Campaign Work	Aggregate Year-to-date	\$ see below
E. Full name Scott Black	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 131 South Main Street	12 / 27 / 10	\$ 500.00
City, State, Zip Code Pontotoc, MS 38863	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Campaign Work	Aggregate Year-to-date	\$ 1,500.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$